

PFE

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ORIGINAL  
RED**Home and Well Survey**Resident's Name: **Ex. 6 - Personal Privacy**Home Phone: **Ex. 6 - Personal Privacy** Cell Phone:Address: **Ex. 6 - Personal Privacy**Email address: **Ex. 6 - Personal Privacy**

Owner Information (If Different):

Number of Household Residents/Age Groups:

Infants (Under Age 1) \_\_\_\_\_

Toddlers (Age 1-6) \_\_\_\_\_

Children (Age 7-12) \_\_\_\_\_

Adolescents (Age 13-18) 2Adults (Age 18-65) 3

Seniors (Age 66+) \_\_\_\_\_



SDMS DocID 2180078

Do you have a water treatment system? If so, please identify the components of the system (if any): Yesmethane Sep. Carbon Filter, ozonator, Sediment Filter, etc.

Well Information:

Type: Dug ☐ Drilled ☒Well Depth: 300'Well Age: Approx. 40 yearswell pump 1 year

Driller log of the well installation (these are the detailed notes that the driller takes during the installation):

Name of Driller/Service Company (If Known):

Total depth of well: 300'Depth of surface casing: 30' Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen (the screened interval of the well):

Depth of pump in relation to total depth of the well: 30' From bottomWell Repairs or Re-drilling in past 15 years: New pump 1 year agowell was scrubbedHave you had your well water tested for contamination in the past? YesIf so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically? Iron, methane, Alum.PADED & CABOT SHOULD HAVE ALL DATA.MAYE'S OKAY WITH EPA GETTING THIS DATA.\* QUATUM SAMPLING WEEKLY.\* CABOT SERVICING SYSTEM ON REGULAR BASIS  
KEEPLDG IN TREATMENT SHED.

## Home and Well Survey

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Recent or past changes in water quality (taste, odor, appearance): \_\_\_\_\_

No changes since 2010 odor noticed & Carbon Filter installed

Do you currently use your well water for drinking? Yes ☐ No ☒

Cooking? Yes ☐ No ☐ Sometimes Bathing? Yes ☒ No ☐

Other household uses? Yes & Horses

If you do not use your well water, what water source do you use? \_\_\_\_\_

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☐

Other uses? Yes ☐ No ☐ When did this occur? \_\_\_\_\_

If so, who provides/provided the alternate water? \_\_\_\_\_

Is there an agreement with the provider? \_\_\_\_\_

What event/condition prompted the use of alternate water? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Lease with gas company: Yes ☒ No ☐

If so, what is the status of lease: \_\_\_\_\_

Is there any additional information you would like to provide to us: \_\_\_\_\_

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